

August 11, 2005

The Honorable Cristine A. Vogel
Commissioner
Office of Health Care Access
410 Capital Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

2005 AUG 16 AM 11:59
OFFICE OF HEALTH CARE ACCESS

Re: Letter of Intent

Dear Commissioner Vogel:

Enclosed is a Letter of Intent/Waiver Form for a 3-bed expansion of Johnson Memorial Hospital's inpatient behavioral health unit. We look forward to working with your staff in this process.

Please contact me if there are any questions regarding this request. My direct line is (860) 684-8548.

Sincerely,



Daniel J. Quinn
Vice President, Behavioral Health Services
Johnson Memorial Corporation

/pa
Enclosure





**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

2005 AUG 16 AM 11:59
OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Johnson Memorial Hospital, Inc.	
Doing Business As		
Name of Parent Corporation	Johnson Memorial Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	201 Chestnut Hill Rd. P.O. Box 860 Stafford Springs, CT 06076-0860	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Daniel Quinn, Vice President Behavioral Health Services	
Contact person's street mailing address	201 Chestnut Hill Rd. P.O. Box 860 Stafford Springs, CT 06076-0860	
Contact person's phone #, fax # and e-mail address	Phone: (860) 684-8548 Fax: (860) 684-8142 E-mail: daniel.quinn@jmhosp.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

3-bed Expansion of Inpatient Behavioral Health Unit

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc)

☐ Replacement

☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc)

☐ Relocation

☐ Service Termination

☒ Bed Addition

☐ Bed Reduction

☐ Change in Ownership/Control

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New

☐ Replacement

☐ Major Medical

☐ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

201 Chestnut Hill Rd., P.O. Box 860, Stafford Springs, CT, 06076-0860

d. List all the municipalities this project is intended to serve:

Stafford Springs, Somers, Enfield, Windsor Locks, Melrose, Ellington, Thompsonville, Tolland, Union, Hazardville

e. Estimated starting date for the project: November 1, 2005

- f. Type of project: 9 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
Acute Care	45	66	0	66
Psychiatric	17	17	3	20

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 175,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$135,000
Medical Equipment (Purchase)	\$0
Imaging Equipment (Purchase)	\$0
Non-Medical Equipment (Purchase)	\$40,000
Sales Tax	\$0
Delivery & Installation	\$0
Total Capital Expenditure	\$175,000
Fair Market Value of Leased Equipment	\$0
Total Capital Cost	\$175,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☒ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Johnson Memorial Hospital, Inc.

Project Title: 3-bed Expansion of Inpatient Behavioral Health Unit

I, Alfred A. Lerz, President
(Name) (Position – CEO or CFO)

of Johnson Memorial Hospital, Inc. being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Johnson Memorial Hospital, Inc. complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Alfred A. Lerz
Signature

8/11/05
Date

Subscribed and sworn to before me on this eleventh day of August
2005

Patricia A. Agnoli
Notary Public/Commissioner of Superior Court

My commission expires: 8/31/2006

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

Johnson Memorial Hospital currently operates a 17-bed adult inpatient behavioral health unit. The unit provides acute, inpatient, hospital level of care services for patients suffering from psychiatric or substance abuse disorders. The unit services patients age 18 and older.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

The proposal is to increase the inpatient behavioral health unit bed capacity to 20 beds. The behavioral health unit will continue to serve its current population. There are no changes required in type of DPH licensure.

3. Who is the current population served and who is the target population to be served?

The current population and the target population are identical. The population are adults patients suffering from psychiatric or substance abuse disorders. Patients are age 18 or older. The services are designed to meet all community needs for the following issues:

- All psychiatric diagnoses
- Medically managed detoxification for all substance abuse disorders
- Geriatrics

4. Identify any unmet need and how this project will fulfill that need.

At this time we project transferring a minimum of 45 patients annually to alternative facilities due to limited bed capacity. These alternative facilities can be more than a 1 hour drive from the patient's residence. Johnson Memorial Hospital is committed to serving the needs of its local communities. Increasing the bed capacity of the behavioral health unit will enable the organization to meet that need.

5. Are there any similar existing service providers in the proposed geographic area?

There are no other providers in the geographic area. Johnson Memorial Hospital has the only inpatient psychiatric unit in a 45 minute drive in any direction.

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0033

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Johnson Memorial Hospital, Inc. of Stafford Springs, CT, d/b/a Johnson Memorial Hospital is hereby licensed to maintain and operate a General Hospital.

Johnson Memorial Hospital is located at 201 Chestnut Hill Road, Stafford Springs, CT 06076

The maximum number of beds shall not exceed at any time:

9 Bassinets

89 General Hospital beds

This license expires **December 31, 2005** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2004. RENEWAL.

Satellites

JMH Behavioral Health Services, 151 Hazard Avenue, Enfield, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner